

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	2 Serial/Patent #	AP151839		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing				\$
Amendment				\$
Extension of Time				\$
Notice of Appeal/Appeal				\$
Petition				\$
Issue				\$
Cert of Correction/Terminal Disc.				\$
Maintenance				\$
Assignment				\$
Other				\$
		7 TOTAL AMOUNT OF REFUND	\$	
		8 TO BE REFUNDED BY:	Treasury Check	
10 REASON:		Credit Deposit A/C #:		
Overpayment		9-12 13 14 15 16 17 18 19 20		
Duplicate Payment				
No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME:		TITLE:		
SIGNATURE:		PHONE: -520.00 OP		
OFFICE: ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED:		DATE:		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B